

Is it time for your practice to adopt an EMR?

Where medicine has embraced technology, once unimaginable diagnostic tools and treatment models now are commonplace. However, medicine's adoption of health information technology (HIT) — among physicians, hospitals, other health care professionals, and patients — has not kept pace with the business community. The medical industry generally lags behind others in adopting information technology and automation.

The current health literature highlights a heightened national interest in electronic medical records (EMRs) and personal health records (PHRs). These forms of HIT are ways to help resolve multiple issues within the health care system. With decreasing physician reimbursement, increasing overall costs of health care, and an increasingly uninsured and underinsured population, the dialogue is shifting from simply managing cost to also improving quality.

Many drivers push health information technology:

- **Federal government.** In 2004, President George W. Bush launched an initiative to make electronic health records available to most Americans by 2014. This was followed by an August 2006 executive order calling for federal programs to lead the way with HIT adoption along with financial and quality transparency. Congress responded by introducing numerous HIT-related bills during the 2006 session. Although two were approved eventually, the session closed without a clear legislative direction.
- **State.** Created through an executive order from Gov. Rick Perry, the State Health Care Integrity Authority convened in late 2006 to promote a safe, high-quality, transparent, and efficient health care system for Texas.
- **Large employers.** Large employers are forming coalitions and business groups to effect changes in the health care system, seeking demonstrable value and quality for their health care dollars.
- **Patients.** Recent studies indicate that patients prefer physicians who can communicate electronically; the electronic communication lends itself to patient satisfaction. Consumer groups are calling for cost and quality reassurances that will empower patients to make sound health care decisions.

- **Health plans.** Health plans view health information technology as a tool for measuring the efficiency and quality of the health care they cover.
 - **Need for interoperability.** Many state and regional projects are underway to develop the framework for secure and standardized sharing of data among providers through a health information exchange (HIE).
 - **Call for transparency.** Transparency refers to providing patients accurate and reliable information about the cost and quality of medical care. The goal is to facilitate market pressures that will improve quality and efficiency. National data standards promoting transparency are beginning to emerge; however, no oversight of process and data accuracy is in place at this time. TMA advocates two-way transparency to include payer transparency.
 - **Pay-for-performance trend.** Pay-for-performance is a model in which health plans reimburse physicians or other providers at a level relative to the achievement of quality measures. More than 160 pay-for-performance programs are in effect, mostly in the pilot stage. Technology is a valuable tool for documenting compliance with reporting measures.
 - **Tiered networks.** Tiered networks essentially are networks within networks where both patient out-of-pocket costs and physician reimbursements are variable, dependent on achievement of quality measures.
 - **Quality-of-care initiatives.** National consensus organizations such as the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement, National Quality Forum, AQA alliance (originally known as the Ambulatory Health Care Alliance), and National Committee for Quality Assurance (NCQA) actively develop and adopt ambulatory care performance measures. While some variance among specific measures may exist, a common acknowledgement of health information technology's vital role in quality-of-care initiatives is clearly evident.
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- The U.S. Department of Health and Human Services Office of the National Coordinator for Health Information Technology is leading efforts to establish national data standards along with associated technical specifications for each measure.
 - AMA's Physician Consortium for Performance Improvement supports the use of standardized codes to identify patients and capture accurate data for performance measures. EMR products are being designed to link measure-specific coding at both point of service and during disease management activities.
 - Physician Practice Connections, one of NCQA's physician recognition programs, focuses on practices that use "information and systematic processes." These might include the use of patient registries and reminders for preventive and point-of-care services.
 - NCQA's HEDIS measure sets, long used by many major health plans, have been expanded to include technical specifications for physician practice reference and application.

How Is TMA Responding?

TMA supports the concept of moving Texas physicians' offices from stand-alone, paper-based medical records and transactions into an environment of shared health information technology. However, many physicians are not convinced of the benefits of HIT. Most physicians feel it is unobtainable in the current health care environment for such reasons as declining reimbursement rates, overwhelming costs, lack of a sufficient return on investment, potentially unreliable nature of electronic systems, interoperability concerns, little consensus on a standardized infrastructure, and ambiguous patient privacy issues. TMA is formulating official policy to support initiatives that provide positive incentives for physicians to acquire such technologies. TMA also supports initiatives to ensure compatibility among HIT systems.

TMA has committed considerable resources to educating members about the benefits of HIT adoption, including the development and staffing of the Department of Health Information Technology to act as a trusted advisor to Texas physicians. TMA provides education, unbiased advice, resources, and consulting services while encouraging physicians to play an integral role in the development of interoperable, community-based HIEs.

The association's numerous HIT initiatives include:

- Annual survey of Texas physicians' attitudes toward and experience with HIT;
- Published manuals on electronic medical record implementation;
- Online, interactive technology community to share ideas and resources;
- HIT resource section on the TMA Web site, a toll-free technology helpline, and technology seminars;
- Web-based continuing medical education;
- Technology consulting services;
- County medical society programming and technology expos;
- Partnership with the Physicians' Foundation for Health Systems Excellence to offer free licenses to Docsite's Web-based electronic medical records system;
- Discounted rates for TMA members to obtain fully functional and customizable practice Web sites that include secure patient-physician communication systems and patient-centered educational materials; and
- Access to a technology vendor performance database.

How Can Physicians Respond?

Physician practices that have implemented HIT systems potentially can improve clinical quality and safety while creating efficiencies of practice. The lack of HIT is a disadvantage that solo or small-group practitioners often face, making participation in some pay-for-performance programs difficult, if not impossible. Many of these practices have neither the initial capital nor the support staff required to implement and maintain significant information technology in their office. Although physicians frequently must bear the cost of IT adoption, the majority of financial advantages linked to HIT still accrues to health plans and purchasers.

However, be aware that an EMR may not be the best option for all practices at this point. Alternative technology solutions are available that can help physicians successfully respond to HIT drivers.

Should You Adopt an Electronic Medical Record?

Deciding whether to purchase an EMR depends on numerous factors:

- If you are a new physician starting a practice out of residency, it makes sense to start with an EMR system. As a new physician, you do not have existing patient records or systems to convert. More importantly, you typically have some time to devote to EMR deployment. In your case, only a compelling reason should keep you from beginning a practice with electronic records. Converting later on will be far more painful.
- If you are at the other end of the spectrum and plan to retire in five years, doing nothing about EMRs might be a wise option. Chances are the practice will not be open long enough to see the benefits of EMRs and conversion costs in terms of hardware, software, training, and lost productivity.
- If you are a physician who has been practicing five to 10 years and plan to practice another 15 to 20, you are in a gray area. Because of changes in the payer system, you might be forced to make changes in your practice. However, demands on your time are probably overwhelming. You likely see 20 to 40 patients per day. Converting to an EMR system is an arduous undertaking that will disrupt your practice and reduce revenues in the short run. Moreover, seeing the full benefit of the investment typically takes two to four years. This means effective EMR selection and deployment are critical.

Adopting an EMR

Is an EMR better than conventional dictations with paper charting? As with all new technologies, the answer is a mixed one. Few EMR charting solutions can enter information as completely or as quickly as the handwritten note or transcription of dictation, but there are numerous benefits in terms of safety, quality, and efficiency.

The first question would be: “Is an EMR system and the process changes it entails right for my practice at this time?” EMRs do offer benefits of quality and efficiency to physicians. Within the practice, an EMR has proven to increase productivity related to increasing the number of patients seen; improve efficiency of handling telephone messages and medication refills; and decrease duplication, patient wait times, and transcription costs. Additional benefits relate to more accurate coding, decreased costs associated with the storage of files, and decreased personnel costs related to time spent searching for missing charts. The EMR makes patient charts more accessible to physicians and helps document quality of care and patient management activities.

Opting to Forgo or Delay Adoption of an EMR

In the course of assessing your practice's needs, its readiness for technology, and your own comfort level with technology, you may decide to forgo an EMR at this time. The decision regarding the readiness of your practice to implement an EMR is individual to your particular practice. TMA has tools and resources to assist you with this decision. You may decide to adopt alternatives to the EMR that will accommodate demands for technology.

Interim Technology Measures

Easier-to-learn and less expensive "piecemeal" technologies can deliver operational benefits while enabling your staff to adapt to change. Implementing new technology is not so much an interim technology issue as it is a "change management" issue. A stepping-stone approach to larger technologies can help you build a culture of change within your office that may help you transition more easily to an EMR when, and if, you ultimately decide to do so. Remember that using technology is very iterative, and as staff adapt, they gradually will ask for additional technological tools to accomplish tasks more quickly.

Low-cost, easy-to-implement solutions that do not require major change in the physician workflow, yet positively affect operational efficiency, will move your practice toward the EMR. What are these incremental solutions?

- Convert your patient records to an electronic format for easy access to recent visit notes and past care. This can be accomplished by real-time conversion based on daily or weekly scheduled appointments.
- Reissue medications more efficiently with an electronic medications database maintained for each patient.
- Provide diagnostic test results electronically with a fax server and scanner.
- Allow your patients to communicate with your office by enhanced Web services.
- Install a document image management system (DIMS) to help your staff access information more efficiently.
- Streamline your telephone message management.
- Begin using a patient registry product — software that lists of all the patients in your practice who share some characteristic, such as a certain condition or medication regimen — to experience the quality benefits of patient population and disease management tools.
- Add personal health records (PHRs) to your services by linking a patient portal to your practice Web site. PHRs are a way for patients to maintain their health records online.

Conclusion

It is clear that in an era of not only heightened patient safety awareness and cost containment, but also increased market and government pressures, the EMR is something most practices will want to implement in the near future to maximize safety, quality, and efficiency. It is vital, though, that practices are informed and educated prior to making the investment of time and money. Once you have determined your practice is ready to accept the challenges that accompany the many benefits of health information technology, the next step is for your entire practice to accept the EMR through a structured process while performing due diligence in researching and narrowing vendor choices.

References

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- National Quality Forum Web site at www.qualityforum.org.
- National Committee for Quality Assurance Web site at www.ncqa.org.
- U.S. Department of Health and Human Services. Centers for Medicare & Medicaid Web site at www.cms.hhs.gov.

Resources

- Agency for Healthcare Research and Quality's [Electronic Preventative Services Selector](#)
- AMA Physician Consortium [Performance Improvement Measures](#)
- eHealth Initiative's [Legislation Tracker](#)
- Governor Perry's [executive order](#)
- [KLAS](#) vendor comparison database
- National Committee for Quality Assurance's [HEDIS 2007 Technical Specifications for Physician Measurement](#)
- National Committee for Quality Assurance's [physician recognition programs](#)
- National Quality Forum's [Navigating Quality](#) Web page
- [Physician Practice Patient Safety Assessment](#)
- Texas Health Information Technology Advisory Committee [preliminary roadmap](#) for mobilization of health information technology in Texas
- TMA Physician Services' [technology readiness assessment](#) consultation
- TMA's [EMR Readiness Assessment Questionnaire](#)
- TMA's [Health Information Technology](#) Web page